

17364 U.S. PTO  
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|   |                     |                             |
|---|---------------------|-----------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. | 1-74541                     |
|   | First Inventor      | James A. Mulvihill et al.   |
|   | Title               | REAR VEHICLE STORAGE SYSTEM |
|   | Express Mail Label  | EV 399902602 US             |

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|--|---|--|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  |   | ADDRESS TO: Mail Stop Patent Application<br>Commissioner for Patents<br>P. O. Box 1450<br>Alexandria VA 22313-1450 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>17</b> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>4</b> ]<br>5. Oath or Declaration [Total Pages <b>2</b> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

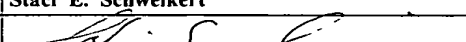
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number: **27377** or ☐ Correspondence address below

|         |           |          |  |
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| Country | Telephone | Fax      |  |

|                   |   |                                   |                |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Staci E. Schweikert   | Registration No. (Attorney/Agent) | 52,200         |
| Signature         |  | Date                              | March 31, 2004 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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|---|--|-----------------------------|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b>    |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number          |  |
|   |  | Filing Date                 |  |
|   |  | First Named Inventor        |  |
|   |  | Examiner Name               |  |
|   |  | Art Unit                    |  |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | \$810.00                    |  |
|   |  | Attorney Docket No. 1-74541 |  |

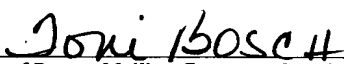
| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
|--|--|----------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|------|------|------|--------------------|-------------------------------------|------|------|------|------|-------------------|--|------|------|------|------|------------------|-----------------------------|------|------|-------|------|--------------------|--|------|------|------|------|------------------------|--|--------------|------|--------|------|--------|---|--|------|-----|------|----------|--|--------------|------|----------------|------|----------|---|--|------|-----|------|-----------|--|-------|------|-------|----------|-----|---|------|--------------------|-------|------|-------|--|--------------|------|--------------|------|-----------------|------------------|----------|----------|----------|----------|------|--|------|------|------------------------|------|------|--------------------------|------|------|-----------------------------------|------|-------|---|------|------|---------------------------------------|------|------|----------------------------------|------|------|--|------|------|------------------------------------|------|------|--|------|--------------|--------------------------------|--|------|------|------|-----|------------------|--|------|--------|------|---|-----------------|--|--------------|-----|-----------------|----------|-------------------------------|----------|----------|----------|------|-----|---------------------------------------|----|-------------------------------------|-----|------|-----|--|----|--|----|------|-----|--|-------|-----------------------------|-----|------|-------|---|-------|--|-----|------|------|--|------|--|-----|------|--------|---|--------|---|-----|------|-----|---|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|---------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|--------------|--|--|--|------|--|--|--|--|--|---------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">13-0005</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">MacMillan Sobanski &amp; Todd LLC</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non - English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (3)</td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">(\$)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">\$40.00</td> </tr> </tbody> </table> | Large Entity   |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non - English specification |      | 1812 | 2,520 | 1812 | 2,520              | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |              | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55       | Extension for reply within first month |              | 1252 | 420            | 2252 | 210      | Extension for reply within second month |  | 1253 | 950 | 2253 | 475       | Extension for reply within third month |       | 1254 | 1,480 | 2254     | 740 | Extension for reply within fourth month |      | 1255               | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |              | 1401 | 330          | 2401 | 165             | Notice of Appeal |          | 1402     | 330      | 2402     | 165  | Filing a brief in support of an appeal |      | 1403 | 290                    | 2403 | 145  | Request for oral hearing |      | 1451 | 1,510                             | 1451 | 1,510 | Petition to institute a public use proceeding |      | 1452 | 110                                   | 2452 | 55   | Petition to revive - unavoidable |      | 1453 | 1,330  | 2453 | 665  | Petition to revive - unintentional |      | 1501 | 1,330  | 2501 | 665          | Utility issue fee (or reissue) |  | 1502 | 480  | 2502 | 240 | Design issue fee |  | 1503 | 640    | 2503 | 320   | Plant issue fee |  | 1460         | 130 | 1460            | 130      | Petitions to the Commissioner |          | 1807     | 50       | 1807 | 50  | Processing fee under 37 CFR § 1.17(q) |    | 1806                                | 180 | 1806 | 180 | Submission of Information Disclosure Statement |    | 8021   | 40 | 8021 | 40  | Recording each patent assignment per property (times number of properties) | 40.00 | 1809                        | 770 | 2809 | 385   | Filing a submission after final rejection (37 CFR § 1.129(a)) |       | 1810   | 770 | 2810 | 385  | For each additional invention to be examined (37 CFR § 1.129(b)) |      | 1801   | 770 | 2801 | 385    | Request for Continued Examination (RCE) |        | 1802  | 900 | 1802 | 900 | Request for expedited examination of a design application |    | Other fee (specify) _____              |  |      |     |      |     | SUBTOTAL (3)                            |  |      |     | (\$) |     |  |  |      |       | \$40.00 |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Fee Code   | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1051   | 130  | 2051           | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1052   | 50   | 2052           | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1053   | 130  | 1053           | 130          | Non - English specification  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1812   | 2,520  | 1812           | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1804   | 920*   | 1804           | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1805   | 1,840*   | 1805           | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1251   | 110  | 2251           | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1252   | 420  | 2252           | 210          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1253   | 950  | 2253           | 475          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1254   | 1,480  | 2254           | 740          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1255   | 2,010  | 2255           | 1,005        | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1401   | 330  | 2401           | 165          | Notice of Appeal   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1402   | 330  | 2402           | 165          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1403   | 290  | 2403           | 145          | Request for oral hearing   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1451   | 1,510  | 1451           | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1452   | 110  | 2452           | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1453   | 1,330  | 2453           | 665          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1501   | 1,330  | 2501           | 665          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1502   | 480  | 2502           | 240          | Design issue fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1503   | 640  | 2503           | 320          | Plant issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1460   | 130  | 1460           | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1807   | 50   | 1807           | 50           | Processing fee under 37 CFR § 1.17(q)                                      |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1806   | 180  | 1806           | 180          | Submission of Information Disclosure Statement                             |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 8021   | 40   | 8021           | 40           | Recording each patent assignment per property (times number of properties) | 40.00           |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1809   | 770  | 2809           | 385          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1810   | 770  | 2810           | 385          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1801   | 770  | 2801           | 385          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1802   | 900  | 1802           | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Other fee (specify) _____  |  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| SUBTOTAL (3)   |  |                |              | (\$)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
|  |  |                |              | \$40.00  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">(\$)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">\$770.00</td> </tr> </tbody> </table> <h3>2. EXTRA CLAIM FEES FOR UTILITY AND</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>19</td> <td>-20** = 0</td> <td>X</td> <td>18.00</td> <td>0.00</td> </tr> <tr> <td>1</td> <td>-3** = 0</td> <td>X</td> <td>86.00</td> <td>0.00</td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td colspan="2"></td> <td></td> </tr> </tbody> </table> <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">(\$)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">\$0.00</td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> | Large Entity   |                | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770  | 2001 | 385  | Utility filing fee | 770.00                              | 1002 | 340  | 2002 | 170  | Design filing fee |  | 1003 | 530  | 2003 | 265  | Plant filing fee |                             | 1004 | 770  | 2004  | 385  | Reissue filing fee |  | 1005 | 160  | 2005 | 80   | Provisional filing fee |  | SUBTOTAL (1) |      |        |      | (\$)   |   |  |      |     |      | \$770.00 |  | Extra Claims |      | Fee from below |      | Fee Paid | Total Claims                            |  |      |     | 19   | -20** = 0 | X                                      | 18.00 | 0.00 | 1     | -3** = 0 | X   | 86.00                                   | 0.00 | Multiple Dependent |       |      |       |  | Large Entity |      | Small Entity |      | Fee Description | Fee Paid         | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18                                     | 2202 | 9    | Claims in excess of 20 |      | 1201 | 86                       | 2201 | 43   | Independent claims in excess of 3 |      | 1203  | 290   | 2203 | 145  | Multiple dependent claim, if not paid |      | 1204 | 86                               | 2204 | 43   | ** Reissue independent claims over original patent |      | 1205 | 18                                 | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) |                                |  |      | (\$) |      |     |                  |  |      | \$0.00 |      | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non - English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (3)</td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">(\$)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">\$40.00</td> </tr> </tbody> </table> <p>*Reduced by Basic Filing Fee Paid</p> | Large Entity    |  | Small Entity |     | Fee Description | Fee Paid | Fee Code                      | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                                  | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052   | 25 | Surcharge - late provisional filing fee or cover sheet |    | 1053 | 130 | 1053   | 130   | Non - English specification |     | 1812 | 2,520 | 1812  | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804   | 920* | Requesting publication of SIR prior to Examiner action |     | 1805 | 1,840* | 1805                                    | 1,840* | Requesting publication of SIR after Examiner action |     | 1251 | 110 | 2251  | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254    | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR § 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (3) |  |  |  | (\$) |  |  |  |  |  | \$40.00 |  |
| Large Entity   |  | Small Entity   |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Fee Code   | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1001   | 770  | 2001           | 385          | Utility filing fee   | 770.00          |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1002   | 340  | 2002           | 170          | Design filing fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1003   | 530  | 2003           | 265          | Plant filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1004   | 770  | 2004           | 385          | Reissue filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1005   | 160  | 2005           | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| SUBTOTAL (1)   |  |                |              | (\$)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
|  |  |                |              | \$770.00   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Extra Claims   |  | Fee from below |              | Fee Paid   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Total Claims   |  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 19   | -20** = 0  | X              | 18.00        | 0.00   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1  | -3** = 0   | X              | 86.00        | 0.00   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Multiple Dependent   |  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Fee Code   | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1202   | 18   | 2202           | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1201   | 86   | 2201           | 43           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1203   | 290  | 2203           | 145          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1204   | 86   | 2204           | 43           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1205   | 18   | 2205           | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| SUBTOTAL (2)   |  |                |              | (\$)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
|  |  |                |              | \$0.00   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Fee Code   | Fee (\$)   | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1051   | 130  | 2051           | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1052   | 50   | 2052           | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1053   | 130  | 1053           | 130          | Non - English specification  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1812   | 2,520  | 1812           | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1804   | 920*   | 1804           | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1805   | 1,840*   | 1805           | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1251   | 110  | 2251           | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1252   | 420  | 2252           | 210          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1253   | 950  | 2253           | 475          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1254   | 1,480  | 2254           | 740          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1255   | 2,010  | 2255           | 1,005        | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1401   | 330  | 2401           | 165          | Notice of Appeal   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1402   | 330  | 2402           | 165          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1403   | 290  | 2403           | 145          | Request for oral hearing   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1451   | 1,510  | 1451           | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1452   | 110  | 2452           | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1453   | 1,330  | 2453           | 665          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1501   | 1,330  | 2501           | 665          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1502   | 480  | 2502           | 240          | Design issue fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1503   | 640  | 2503           | 320          | Plant issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1460   | 130  | 1460           | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1807   | 50   | 1807           | 50           | Processing fee under 37 CFR § 1.17(q)                                      |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1806   | 180  | 1806           | 180          | Submission of Information Disclosure Statement                             |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 8021   | 40   | 8021           | 40           | Recording each patent assignment per property (times number of properties) | 40.00           |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1809   | 770  | 2809           | 385          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1810   | 770  | 2810           | 385          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1801   | 770  | 2801           | 385          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| 1802   | 900  | 1802           | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| Other fee (specify) _____  |  |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
| SUBTOTAL (3)   |  |                |              | (\$)   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |
|  |  |                |              | \$40.00  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                             |      |      |       |      |                    |  |      |      |      |      |                        |  |              |      |        |      |        |   |  |      |     |      |          |  |              |      |                |      |          |   |  |      |     |      |           |  |       |      |       |          |     |   |      |                    |       |      |       |  |              |      |              |      |                 |                  |          |          |          |          |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |              |                                |  |      |      |      |     |                  |  |      |        |      |   |                 |  |              |     |                 |          |                               |          |          |          |      |     |                                       |    |                                     |     |      |     |  |    |  |    |      |     |  |       |                             |     |      |       |   |       |  |     |      |      |  |      |  |     |      |        |   |        |   |     |      |     |   |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |         |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |              |  |  |  |      |  |  |  |  |  |         |  |

|                   |                     |                                   |                |
|-------------------|---------------------|-----------------------------------|----------------|
| SUBMITTED BY      |                     | Complete (if applicable)          |                |
| Name (Print/Type) | Staci E. Schweikert | Registration No. (Attorney/Agent) | 52,200         |
| Signature         |                     | Telephone                         | (419) 255-5900 |
|                   |                     | Date                              | March 31, 2004 |

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| <b>CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)</b><br>Applicant(s): James A. Mulvihill et al.  |                         |          | Docket No.<br><b>1-74541</b> |  |
| Serial No.  | Filing Date<br>Herewith | Examiner | Group Art Unit               |  |
| Invention: <b>REAR VEHICLE STORAGE SYSTEM</b>   |                         |          |                              |  |
| <p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <b>Utility Patent Application which includes a 17 page Specification, 4 sheets of Drawings, an Executed Declaration and a Return Postcard</b> </div> <p style="text-align: center;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <u>March 31, 2004.</u><br/> <i>(Date)</i> </div> <div style="text-align: center; width: 40%;"> <u>Toni Bosch</u><br/> <i>(Typed or Printed Name of Person Mailing Correspondence)</i><br/> <div style="margin-top: 10px;"> <br/> <i>(Signature of Person Mailing Correspondence)</i> </div> </div> </div> <div style="text-align: center; margin-top: 20px;"> <u>EV 399902602 US</u><br/> <i>("Express Mail" Mailing Label Number)</i> </div> |                         |          |                              |  |
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